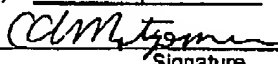


PTO/SB/22 (06-03)

Approved for use through 7/31/2003. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 21499-00050-US
In re Application of Jouko Suhonen		
Application Number 09/913,833-Conf. #4499		Filed December 3, 2001
For: DEVICE FOR RESTORATIVE DENTISTRY		
Art Unit 3732	Examiner J. J. Wilson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 55.00	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0185		
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).		
Registration number if acting under 37 CFR 1.34(a) 45,254		
March 18, 2004 Date	 Signature	
(202) 331-7111 Telephone Number	C. Keith Montgomery Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below		
<input type="checkbox"/> Total of 1 forms are submitted.		